

## OBSI WORKSHOP AGENDA

TIME	SESSION	ACTIVITIES	REQUIRED TIME
9.00 – 10.45	Session 1:  Introduction	Welcome and participants presentation	10
		Group Norms	5
		Training objectives and reconciliation with the participants expectations	15
		Complete the pre test	20
	Session 2:  Facts about OBSI	Definitions of terms	10
		Results of the study on the KAP level in Constanta County	20
		The new findings on the impact of the birth spacing on the mother and child health	15
		Maternal and child mortality in Constanta County	10
10.45 – 11.00	Coffee break		
11.00 – 13.00	Session 3:  Key messages for promoting OBSI	Benefits of OBSI and risks if OBSI is not practiced	30
		Support materials for OBSI counseling	20
		Key messages for promoting OBSI	20
	Session 4:  When to integrate OBSI counseling into the practice	Health care services to integrate OBSI in	15
		Reasons and key points of OBSI integration	25
		Initiate discussions about OBSI with clients	10
13.00 – 13.30	Lunch break		
13.30 – 15.15	Session 5:  How to integrate OBSI in FP counseling	Integration of OBSI into FP counseling	25
		Key steps of OBSI counseling	20
		Support materials for OBSI counseling	30

	Session 6 :	Responding to arguments for not using OBSI	30
	Exercise OBSI counseling		
15.15 – 15.30	Coffee break		
15.30 – 17.00	Session 6 :	Practice OBSI counseling	35
	Exercise OBSI counseling	Summary	10
	Session 7:	Summary of the activities	10
	Evaluation	Complete the post test	20
		Complete the evaluation form	15

## SESSION 1: Introduction

**Goal:** The participants will present themselves, will reconcile their expectations with the objectives of the training, will establish the group norms and will complete the initial evaluation test (pretest).

### Learning Objectives:

After completing the activities in this session, participants will be able to:

1. Give the name of the trainers and other participants, as they wish to be called during the workshop
2. Describe the general objectives
3. Reconcile their expectations with the objectives proposed
4. Name the group norms
5. Complete the pre test

**TIME:** 50 minutes

#### **Resource Requirements:**

- Markers
- Flip chart paper
- Projector

 **Time Required:** 50 minutes

#### **Work for Trainers to Do in Advance:**

- Prepare *Participant Handout: HO 1.1.: Training Objectives; HO 1.2.: Training agenda; HO 1.3.: Pretest*
- Prepare *the transparencies: T 1.1: Training Objectives*
- Prepare *the Flipchart paper (FCP) 1.1: Participants Presentation*
- Review the content of the session

## LEARNING ACTIVITIES SUMMARY

TITLE	TYPE	TIME
1. Welcome and participants presentation	Large group discussion	10 min
2. Group Norms	Listing, large group discussion	5 min
3. Training objectives and reconciliation with the participants expectations	Presentation, large group discussion	15 min
4. Complete the pre test	Individual work	20 min

### ACTIVITIES:

#### **1. Welcome and participants presentation - Large group discussion – 10 min**

► Welcome each participant as they arrive to the training room and give them one tag and one folder. Ask them to take a seat and to write on the tag the name they want to be called during the training.

► Begin the training welcoming once again. Explain that, for the next 8 hours, all of them, including the trainers, will work together in order to achieve the training objectives. To make things easier, it is necessary that they know each other.

► Expose the flip chart paper FCP 1.1 and ask participants to present themselves. Ask them to put their tags on, in a visible way.

#### **2. Group Norms - Listing, large group discussion – 5 min**

► Explain that an important element in creating a positive learning environment is everyone's understanding of their responsibilities as a group member. Ask participants to think of what group norms they feel they should adhere to in order to facilitate everyone's participation and learning. Make a list with the participants suggestions, having the consent of the whole group.

#### **3. Training objectives and reconciliation with the participants expectations - Presentation, large group discussion – 15 min**

► Ask participants to tell what are their expectations from this training, what are the things they think they will find out during this workshop. Note each response on a FCP.

► Explain that the training has some general objectives. Expose the transparency *T 1.1: Training objectives* and read through them with the group.

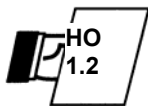


► Lead a discussion on the similarities between the proposed workshop objectives and the participant expectation. Where there is a divergence, discuss with the group the possibilities of responding to their stated concerns.

► Distribute copies of the *HO 1.1.: Training Objectives*



► Tell that in order to accomplish the objectives, they will have to go through a number of steps. Distribute *the HO 1.2.: Workshop Agenda* and present briefly the content.



#### **4. Complete the pre test – Individual work – 20 min**

► Explain to participants that one way to measure if the workshop objectives have been accomplished is comparing their knowledge at the beginning and at the end of the training. Each of them will receive a copy of the pre test and they have 20 minutes to completed. A similar one will be completed at the end of the workshop.

► Distribute copies of *HO 1.3.: Pre test* and give 20 minutes to completed.



► Thanks participants for their work and tell them that, in the next session, they will found out new facts about the last findings on birth spacing, and the actual status in Constanta county.

### **FCP 1.1.: Participant presentation**

1. What is your name
2. Where are you working
3. What is your experience in providing FP services
4. How you wish to be cold during this workshop
5. One of the things that you are especially appreciating on a person
6. One of the things that characterize you.

### **Training objectives**

Goal: Improving the knowledge and the skills of providers for OBSI counselling.

General Objectives:

After completing this training, the participants will be able to:

1. Explain the impact of OBSI on the mother and child health, and on the well being of the family.
2. Describe when and when OBSI counselling can be integrated into their practice.
3. Describe how they will use the support materials in order to promote OBSI practice.
4. Apply the OBSI counselling principles in a simulation situation (role play).

### **Pre test**

## SESSION 2 – FACTS RELATED TO BIRTH SPACING

**Goal:** The participants will gain an understanding of the terms related to birth spacing, will find out information on the new project implemented in Constanta County, will find out the impact that birth spacing can have on the maternal and infant mortality and morbidity, and the evolution of these indicators in the last 3 years in Constanta County.

### Learning Objectives:


After completing the activities in this session, participants will be able to:

1. Review the definitions of terms related to birth spacing
2. Describe the current level of KAP related to birth spacing, based on the results of FG conducted in Constanta County
3. Explain the relationship between maternal and child morbidity and mortality and birth spacing
4. Describe the status of maternal and child mortality and morbidity in Constanta County

**TIME:** 55 minutes

#### **Resource Requirements:**

- Markers
- Flip chart paper
- Projector

 **Time Required:** 55 minutes

#### **Work for Trainers to Do in Advance:**

- Prepare *Participant Handout HO 2.1.: Definitions of terms, HO 2.2: FG Resume*
- Prepare *the Transparencies: T 2.1.1.-2.1.4.: Key Ideas of FG; T 2.2.1.-2.2.4.: Research Results, T 2.3.1.-2.3.2.: Indicators for Constanta*
- Review the content of the session

## LEARNING ACTIVITIES SUMMARY

TITLE	TYPE	TIME
1. Definitions of terms	Presentation	10'
2. Results of the study on the KAP level in Constanta County	Trainer presentation, Large group discussion	20'
3. The new findings on the impact of the birth spacing on the mother and child health	trainer presentation	15'
4. Maternal and child mortality in Constanta County	Trainer presentation, Large group discussion	10'

### ACTIVITIES:

#### 1. Definitions of terms – Presentation – 10 min

► Ask participants if they found difficult to complete the test. What were the difficulties? Did they have any problem understanding the terms used in the test?

► Explain that during this workshop they will find out the results of the new research on OBSI, and some statistic data, using terms which they have probably knew sometimes. In order to have the same understanding of those terms, we will review some definitions.

► Make a short presentation of the terms, using the trainer material. Explain that indicators as maternal and infant mortality are very important demographic indicators, which are used not only to evaluate the health status, but also to evaluate the development of a society.

► Clarify if necessary. Distribute the HO 2.1.: Terms Definitions



#### 2. Results of the study on the KAP level in Constanta County - Trainer presentation, Large group discussion – 20 min

► Make a short presentation of the project “Romanian Initiative for promoting OBSI” using the trainer material.

► Tell that the data you will present are the results of a qualitative study (focus group) conducted in Constanta County and they will receive a HO with the results of this study at the end of this session.

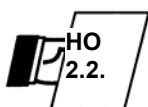


- Expose the transparencies T 2.1.1. – T 2.1.4. – Key ideas of FG



- Ask for reactions. Do they think that people from the community where they provide health services think the same way?

- Distribute the HO 2.2.: FG Resume



- Tell that in the next presentation they will learn more about new research findings regarding the impact that birth spacing could have on the mother and child health.

### **3. The new findings on the impact of the birth spacing on the mother and child health - Trainer presentation – 15 min**

- Ask Ps what is the optimal birth spacing interval on their opinion and what are the reasons they base on for it. They will probably answer that the OBSI is 2 years and the risk for dying for the next child is X 2 higher if this interval is not practiced. Ask them to name the scientific resources or norms they can refer to in order to sustain their opinion.

- Tell p's that new studies show that longer intervals are even better for infant survival and health and for maternal survival and health as well. Explain that they will learn about new findings regarding the impact that birth spacing has on maternal and child mortality and morbidity during the next presentation.

- Show Transparencies T 2.2.1. – T 2.2.4.



- Ask for reactions. Explain that spacing births could be one of the factors that can have an important impact on the mother and child health, and on the maternal and infant mortality. Constanta County has a major public health problem regarding these 2 indicators. They will learn more about this during the next presentation.

#### **4. Maternal and child mortality in Constanta County - Trainer presentation, Large group discussion – 10 min**

► Tell that maternal and infant mortality are one of the major indicators measuring public health and also the impact that the governmental health programs have on the public health.

► Ask p's if they know what are the values of these indicators in Constanta County, comparing with the medium value for Romania. Explain that, during the next presentation, they will find more about the evolution of these indicators in the last 3 years in Constanta County.

► Expose the Transparencies T 2.3.1. – T 2.3.2.



► Ask for reactions. Ask participants if they had maternal or infant deaths in their community or if they heard about such cases from their colleagues. Did they have access to the results of the death analyze case made by the County Commission for analyzing the maternal and infant deaths? What were the direct causes of the death? What were the indirect causes? Was the birth spacing ever considered as a potential co-factor?

► Ask participants to think on the potential impact that birth spacing could have on the maternal and child mortality, based on the new findings.

## ***Content of the Session***

### **Terms Definitions**

Maternal Mortality: number of maternal deaths to 1000 living births

Infant Mortality: number of deaths under 1 year old to 1000 living births

Perinatal Mortality:

- Has 2 components: mortinatality and early neonatal mortality
- Number of born deaths + number of living births who died in the first 6 days after birth.

Mortinatality: number of born deaths which is corresponding to a gestation of at least 28 weeks

Early Neonatal Mortality: number of deaths occurred in the first 6 days after birth

Neonatal Mortality: number of deaths occurred in the first 28 days after birth

Birth interval: the interval between 2 consecutive births.

### **Key Ideas of FG**

#### **ADVANTAGES OF BIRTH SPACING**

- The majority of participants identified similar advantages/benefits to those of the other countries: health benefit for the mother who can recuperate both physically as well as psychologically if she does birth spacing. The economic factor came in second, being more mentioned by men.
- They also identified benefits for the last born in as much as nutrition, care and dedication was concerned. Also saw advantages for the next to be born because he/she would be stronger, better taken care of.
- The majority identified the two years as the best birth spacing time, but was not specific whether it was birth spacing or inter-pregnancy interval.
- There was about a half-half position as to how it was easier to calculate the spacing time, some said it was easier to calculate when the next child is to be born, the other half that it was easier to know when to get pregnant next.

#### **DISADVANTAGES IF BIRTH SPACING IS NOT PRACTICED**

- The economic factor: the parents can not offer all the appropriate living conditions for their children
- If the mother gets sick while she is pregnant there are additional expenses, and on the other hand, the last-born child could be neglected.

#### **ABORTION**

- The majority of all respondents (including nurses and doctors) say that requested abortions are not healthy, have an impact on the woman's health, and on her psyche. Yet they acknowledge that women request it because they feel there is no CC alternative to deal with an unwanted pregnancy.
- The women who endorse it are those that have had several abortions. Some of them believe it has a 'cleansing' effect. They also recommend abortions to other women as an acceptable way to deal with an unwanted pregnancy. In this section of the report there was no mention of contraceptives as an alternative.
- The majority of all respondents know that contraceptives exist.
- The majority also believe it is better to use contraceptives than to recur to an abortion.
- There was no clear statement that physicians or nurses of the MOH were recommending abortion as a better method than contraceptives. Family doctors do not recommend abortions.
- Yet, many see buying condoms as having a social stigma of being unfaithful. You buy them to have extramarital sex, mainly men.
- Cost: the majority agrees that an abortion costs more than buying contraceptives. Yet, the State offers one free abortion if woman has 4 children, and many women are still willingly to pay for the abortion in order to stop the unwanted pregnancy rather than having the child.
- Most respondents agree that women prefer to have access to contraceptives than to have an abortion. The providers agree that there are associated costs to both abortions (tests) and contraceptives (transportation of the women to the facility)

## CONTRACEPTIVES/BIRTH SPACING CONCEPTS AND PRACTICES

- The majority expressed they had not being informed about the advantages of birth spacing, nor explained how long it should be done, or why it was important. The most frequent recommendation is to not have pregnancies 'one after the other'.
- The majority said they were familiarized with contraceptives, what they are used for, their names, but many of them said they did not use them on regular basis. Reasons for not doing so were varied: cost, distance to source, social shame to buy condoms (men) because they are a symbol of having extramarital sex, fear of side effects (women), and negligence on their parts to use them systematically. Since abortion is relatively easy to access, if they have an unwanted pregnancy, it is 'easy' to get an abortion as a convenient solution.
- The majority stated that they had not been informed well about contraception (how it works, which cc to take) when they went to pre-natal/ gynecological services.

- Negative effects: most commonly side effects mentioned were weight gain, headache, nausea. Some mentioned cancer (mature rural men). Most providers said contraceptives had harmful effects.
- Less educated women give the responsibility of contraception to men.

## SOURCES OF INFORMATION

- The most frequently identified source of trustful information regarding birth spacing was the family medical doctor (knows you, knows about medicine), then print material. Mixed positions regarding TV or radio. It is not a topic to be treated openly that way. Intimacy is needed given by family doctor, and or print material. 'Medicine for All' was a TV show mentioned several times, but there was a complaint of their broadcast hours (2-3 pm) because at this hour there are many women working.
- The majority has not received any information regarding birth spacing from a pharmacy/drugstore, nor have they seen any information regarding birth spacing inside a contraceptive package.
- Most of them consider a good idea putting birth spacing information inside the cc packages.

## Maternal survival and health

New findings from a 2000 study in Latin America provide evidence that birth intervals of 3 to 5 years are healthier for mothers. The study by the Latin American Center for Perinatology and Human Development (**CLAP**) is the largest study to assess how birth spacing affects mothers' health, using data for more than 450,000 women.

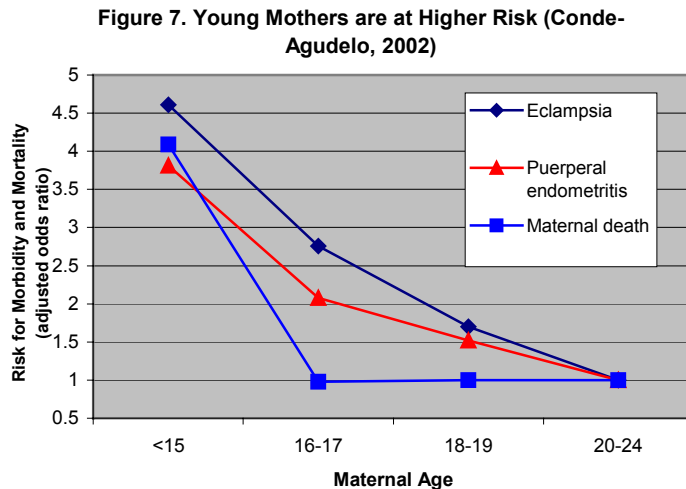
The CLAP study pooled and analyzed data collected from hospitals records between 1985 and 1997 in 19 countries of Latin America and the Caribbean. The CLAP study reports data for interpregnancy intervals (the time between delivering a baby and becoming pregnant again) and it accounts for pregnancies that end in miscarriage or induced abortion. Adding 9 months to an interpregnancy interval makes data comparable to data on birth intervals.

Not practicing the OBSI is associated with a higher risk for:

- Maternal deaths
- Third trimester bleeding
- Endometritis
- Premature rupture of membranes

## Adolescent mothers

Teenage pregnancy is alarmingly common in many countries. Because teenage childbearing is so frequent and carries high health risks, it is the leading cause of death and disability for women age 15 to 19 years old.



Research from 19 countries in Latin America and the Caribbean region shows a clear trend towards increasing rates of maternal morbidity and mortality as maternal age decreases (Figure 7).

As compared to mothers age 20-24, the youngest mothers have:

- 4 times increased risk of **maternal death**
- 4.5 times increased risk for **eclampsia**
- 3.7 times increased risk for **puerperal endometritis**.

In addition, infants of the youngest mothers have an increased risk for **low birth weight, preterm delivery, small for gestational age and fetal death** (Conde-Agudelo, 2002).

## WORK OVERLOAD

AN INFANT REQUIRES TWICE THE EFFORT AS A CHILD OVER THREE YEARS OLD.

Each infant increase the work burden by 2 hours each day, where each preschool age child increase the burden by 52 min.

*FHI Women's Studies Project, 1998, Philippines*

## Work Overload

In most developing countries a woman has to work very hard to assure that minimal nourishment, health care and clothing needs of the family are met, minimizing the time she has available for any of her children. A study by Family Health International in the Philippines, 1998, showed that a woman's work burden was strongly affected by the spacing of her children – each infant increased the work burden by 2 hours each day, where each preschool age child increased the burden by 52 min. **In other words an infant requires twice the effort as a child over three years of age.**

## Infant and child survival and health

It has long been known that avoiding closely spaced births is advantageous to child health. Two-year spacing was widely identified and promoted as “the healthy interval”. New findings from researchers show that children born 3 to 5 years after a previous birth are healthier at birth and more likely to survive at all stages of infancy and childhood through age five than children born before 3 years.

Results of three main studies are the scientific basis to sustain that 3 to 5 birth spacing can save children lives:

### The DHS database

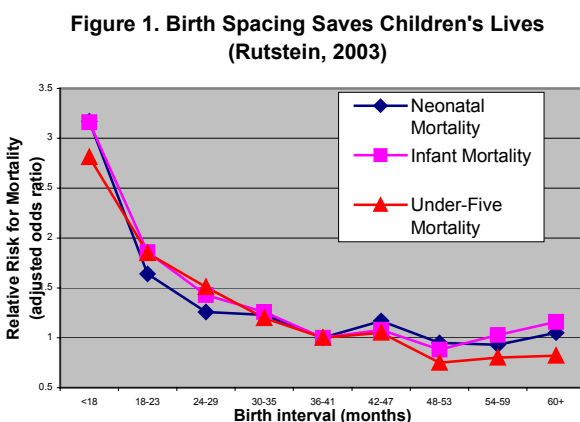
The Demographic and health Survey (DHS) collects information on birth spacing in many developing countries. To study effects of birth spacing, **Dr. Shea Rutstein** analyzed DHS data on over 430,000 pregnancies from 18 developing countries in Asia, Latin America, Africa and Middle West.

### CLAP study

Another CLAP study conducted by **Dr. Augustin Conde-Agudelo**, reinforces the findings of the DHS study, using data on over 1 million pregnancies between 1985 and 2000 in Latin America.

### Three studies conducted by Dr. Bao-Ping ZHU

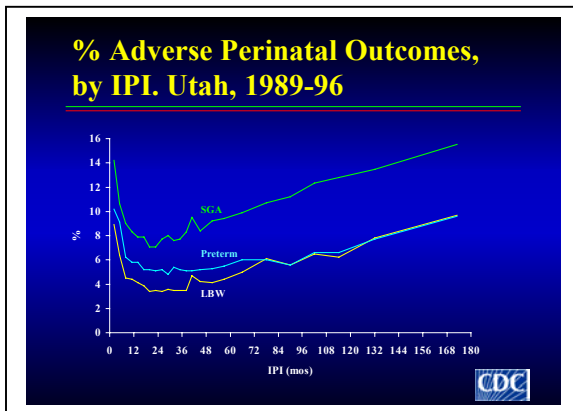
The data were obtained from birth certificates of singleton infants born alive between 1989 and 1996 to mothers who delivered at least one previous infant, in 2 state of USA (Utah and Michigan).



DHS data from 18 developing countries in Asia, Latin America, Africa and the Middle East show that children born after a three-year birth interval are more likely to be healthy and to survive all developmental stages through age five years (Figure 1).

Compared to a 36-47 month birth interval, a birth interval of less than 18 months is associated with increased risk for:

- **Neonatal mortality**- 3.17 times
- **Infant mortality**-3.16 times
- **Under-five mortality**- 2.81 times



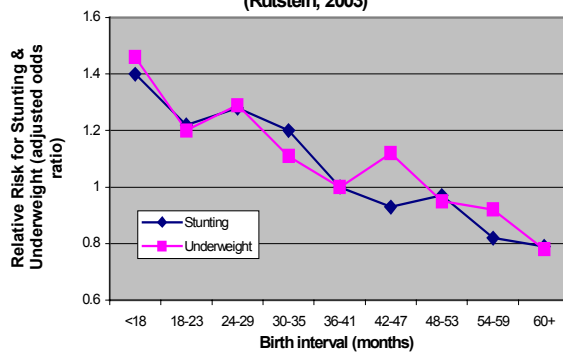
## Adverse Perinatal Outcomes

(Zhu, 1999, 2001)

Too short (9-14 months BI) and too long (>69 months BI) are associated with increased risk of adverse perinatal outcomes.

An IPI of 18-23 months (27-32 months BI) is associated with the lowest risk for adverse perinatal outcomes: **low birthweight, small for gestational age and preterm birth.**

Figure 4. Children Have a Lower Risk for Stunting & Being Underweight When Births are Spaced 3-5 Years. (Rutstein, 2003)



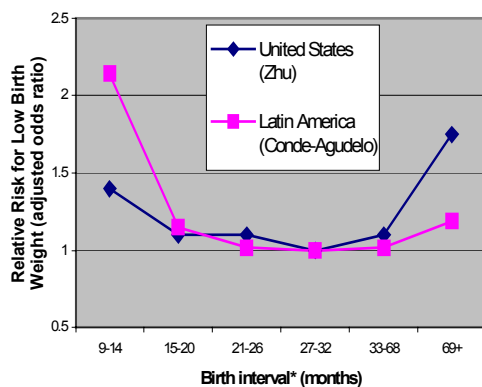
**The risks for poor nutritional status** dramatically decrease when births are spaced at least three years, and continue to decrease the longer births are spaced

Compared to a 36-47 month birth interval, a birth interval of less than 18 months is associated with increased risk for

**Stunting-1.4 times**

**Underweight- 1.46 times**

Figure 5. When Births are Spaced Too Close Together, Infants are at a Higher Risk for Low Birth Weight (Conde-Agudelo, 2002, Zhu, 1999, 2001)



**Low birth weight** is a major cause of death for neonates and an important indicator of child health and survival.

A comparison of data from similar studies in both developing and developed countries shows that the lowest risk for low birth weight occurs when the birth interval\* is greater than 21 months and less than 69 months. These findings indicate that the birth interval is a risk factor independent of socioeconomic status (Conde-Agudelo, 2002).

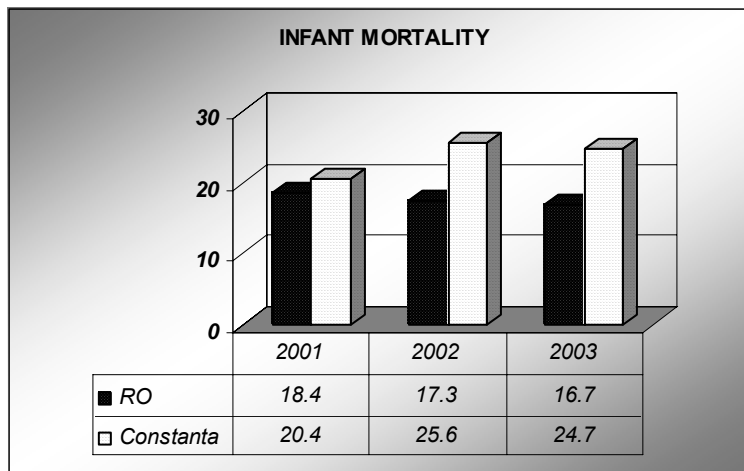


## Maternal and infant mortality in Constanta County

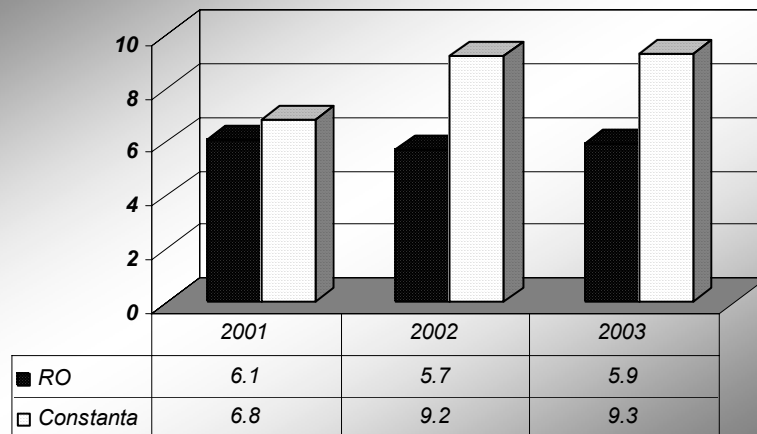
The statistic data from the National Center for health statistic and health documentation shows that Constanta County has registered higher level than the medium country level in the last 3 years for: infant mortality, neonatal mortality, early neonatal mortality and maternal mortality due to abortion.

The analyzes presented by the Commission for mother and child health showed that the infant deaths occurred mostly in the neonatal period. Co-factors of deaths were: prematurely and dystrophy. More than 50% of the mothers were from the rural area, with low income, having other infant deaths events, illiteracies and under age ( minors).

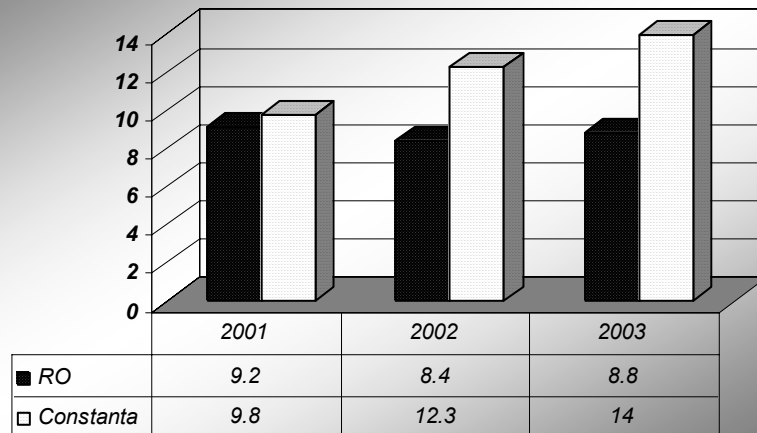
In 2003: there were 4 maternal deaths: 1 maternal death during birth, term birth with death born, with disseminated intravascular coagulation. 3 deaths due to induced abortions, women between 34-38 years old, pregnancy under 28 weeks, unwanted pregnancies, in 3 rural communities.



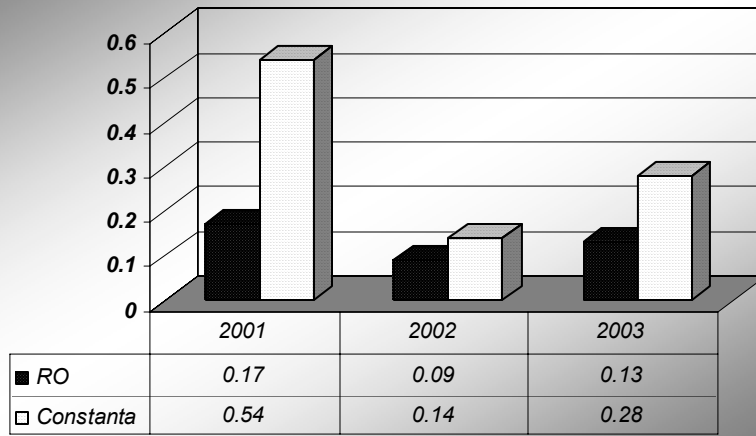
### EARLY NEONATAL MORTALITY



### NEONATAL MORTALITY



### MATERNAL MORTALITY DUE TO INDUCED ABORTION



## SESSION 3: KEY MESSAGES FOR PROMOTING OBSI

### Goal:

Based on the new findings, participants will identify the potential beneficiary of birth spacing, will describe the benefits of OBSI, the potential risks if OBSI is not practiced, and will explain the key messages for promoting OBSI

### Learning Objectives:

After completing the activities in this session, participants will be able to:

1. Describe the health and other benefits of OBSI for the mother, last born, new born and father/family.
2. Describe the potential negative impacts if OBSI is not practiced
3. Explain the key messages of OBSI

**TIME:** 70 minutes

#### 🗨️ Resource Requirements:

- Markers
- Flip chart paper
- Overhead projector

🕒 **Time Required:** 1 hour 10 minutes

#### 📁 Work for Trainers to Do in Advance:

- Prepare *Participant Handout HO 3.1.: OBSI Impact; HO 3.2.: Counseling card; HO 3.3.: Key messages 7.1, 7.2, 7.3*
- Prepare *Transparencies T 3.1.: OBSI Impact; T 3.2. : Key messages; T 3.3. : Key messages explain.*

## LEARNING ACTIVITIES SUMMARY

TITLE	TYPE	TIME
1. Benefits of OBSI and risks if OBSI is not practiced	Small Groups Exercise	30'
2. Support materials for OBSI counselling	Large Group discussion	20
3. Key messages for promoting OBSI	Large group discussion	20

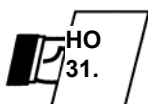
### ACTIVITIES:

#### 1. BENEFITS OF OBSI AND RISKS IF OBSI IS NOT PRACTICED – Small Groups Discussion – 30 min

- ▶ Ask Participants to think a while who could be the potential beneficiary if OBSI is practiced. Ask them to give you the potential beneficiary. Note their responses on 4 different newsprints (the mother, the last born child, the next child, the father/family). Add to the list if necessary.
- ▶ Tell Ps that in the next activity they will be asked to identify the benefits of OBSI and risks if OBSI is not practiced for each category of beneficiary.
- ▶ Divide Ps into 4 small groups and give to each group one of the four newsprints. Ask Participants to discuss and note on their newsprint the benefits into the write column and the risks into the left column. Give Ps 10 minutes to accomplish the task.
- ▶ Ask each group to present their work in front of the large group. Ask for reactions from the other Ps after each presentation. Ask participants to identify and underlie on the FCP the health benefits for each category.
- ▶ Expose the Transparency T 3.1.: OBSI Impact on the public health



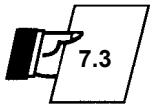
- ▶ Ask Ps to think about the impact that optimal birth spacing could have on the mother and child health. Explain that OBSI could be one of the potential factors leading to an improving of the demographic indicators such as maternal and infant mortality and morbidity. Distribute the HO 3.1.: OBSI impact on the public health



- Ask Ps to think about other benefits and risks that they have identified during the exercise. Explain that in the decision process for behavior change, people take into consideration some other benefits, and not only the health .

## **2. SUPPORT MATERIALS FOR OBSI COUNSELLING – Large group discussion – 20 minutes**

- Ask Ps if it will be easy for them to remember the benefits of OBSI. Tell them that they can use the OBSI cue-cards, elaborated in order to help them to present easier the OBSI info.
- Give Participants *Handout 3.2. : OBSI counselling card*.



- Ask 2 participants from each small group to read the benefits and the risks for each category of beneficiary. Ask reactions. Explain that they can select to use the info from the counselling card according to the needs of the client and to the type of health care visit (benefits of practicing OBSI or/and disadvantages if OBSI is not practice). Tell Ps that they will have the opportunity to experience how to use the cue-cards during the next session.

## **3. Key messages for promoting OBSI - Large group discussion – 20 min**

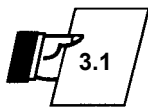
- Ask Ps what they think about all this new learning. Do they think that these information are important for their practice and why? How can people in the community where they provide health care services be informed about OBSI?
- Ask Ps how can these information be disseminated? Tell them that, in order to raise awareness of people regarding OBSI, there are some key messages which have been elaborated and will be disseminated by themselves – during the counselling sessions at their clinics- by the community nurses – during their field visit – by the “champions women” and “champions men” in some communities, by booklets, posters and radio spots.
- Show *Transparency 3.2. Key messages of OBSI*. Discuss each message, one by one, and ask Ps what they think is meant by each statement.



► Show Transparency **T 3.3: Key messages explanation** and ask Ps to read one by one the messages.



► Give Ps **Handout 3.3.: Key messages of OBSI**. Ask Ps if they think that is important for them to know what are the OBSI key messages and how to explain them? Why?



### ***The Content of the Session***

#### **Public Health Impact of OBSI**

**Birth spacing for at least three years can have tremendous health benefits:**

##### **For children:**

- Lower risk for fetal death
- Lower risk for preterm birth
- Lower risk for low birth weight
- Lower risk for small for gestational age
- Lower risk for neonatal death
- Lower risk of stunting and underweight

##### **For mothers:**

- Lower risk for maternal death
- Lower risk for third trimester bleeding
- Lower risk for premature rupture of membranes
- Lower risk for puerperal endometritis

## **Key Messages of OBSI**

**Birth Interval** is the period of time between 2 consecutive births.

**The Optimal Birth Spacing Interval (OBSI)** is the ideal time period between births associated with the healthiest outcomes for newborns, infants, mothers, husbands and families. The best evidence to date suggests this interval is between 3 to 5 years after the birth of the last child

**OBSI brings benefits for the whole family :** the mother, the last born child, the next child, the father/family.

**OBSI saves children's lives.** If OBSI is practice, the infant is more likely to survive in each stage of development – the perinatal period, the early neonatal period, the neonatal period, from birth through 12 months and through age 5.

**OBSI give a chance to newborns and infants to be healthier.** They are less likely to be low in weight at delivery, to be preterm, to be small for gestational age and to suffer from malnutrition.

**OBSI saves mothers lives:** women practicing OBSI are less likely to die and to have complication related to the pregnancy: preterm delivery, third-trimester bleeding, premature rupture of membranes and infection (puerperal endometritis).

**Women should be advised to wait** at least 2 years after the birth of their last child before trying to get pregnant again

**Modern contraceptive methods** allow women and couples to practice OBSI efficiently and safely.

**Spacing births using abortions is dangerous for the women's health.**



## SESSION 4: WHEN to integrate OBSI counselling into the practice

### Goal:

Participants will gain an understanding of the opportunities that allow them to integrate the OBSI elements counselling into their usual provision of health care services to their clients, how to use these opportunities, and how to initiate the discussion about PF/OBSI with their clients.

### Learning Objectives:


After completing the activities in this session, participants will be able to:

1. Identify the health care services in which the OBSI counselling can be integrated
2. Define the reasons for which the selected health care services can integrate OBSI
3. Describe the OBSI key points counselling for each situation
4. Explain the importance of proactively offering OBSI counselling to all clients of reproductive ages

**TIME:** 50 minutes

#### **Resource Requirements:**

- Markers
- Flip chart paper

 **Time Required:** 50 minutes

#### **Work for Trainers to Do in Advance:**

- Prepare *Participant Handout HO 4.1.: When can OBSI be integrated into practice*
- Review the content of the session

## LEARNING ACTIVITIES SUMMARY

TITLE	TYPE	TIME
1. Health care services to integrate OBSI in	Listing, Group Exercise	15'
2. Reasons and key points of OBSI integration	Small Groups Exercise	25'
3. Initiate discussions about OBSI with clients	Large Group Discussion	10'

### ACTIVITIES:

#### 1. HEALTH CARE SERVICES TO INTEGRATE OBSI IN – Group Exercise – 15 minutes

- ▶ Ask the Participants to think for few minutes and note on a paper the type of health care visits the clients/patients at reproductive age are coming for to their clinics.
- ▶ Ask the Participants to help you make a list of the type of services they have identified. Note their responses on a newsprint.
- ▶ Ask the Participants to select from the list the type of visits in which the OBSI counselling could be integrated.
- ▶ Ask for consensus and make a new list with the selected visits.

#### 2. REASONS AND KEY POINTS OF OBSI INTEGRATION – Small groups Exercise – 25 minutes

- ▶ Divide Participants in small groups and select for each small group 1-2 type of health care visits from the new list.
- ▶ Ask each group to explain the major reasons for which they considered that type of visit to be an opportunity to integrate the OBSI counseling into the content of visit and the key points they can use for it.
- ▶ Ask Participants to present their work to the group. After each presentation ask feed-back from the group. Summarize the principal issues for each presentation. Distribute the HO 4.1.: When to integrate OBSI into the practice



### **3. INITIATE DISCUSSIONS ABOUT OBSI – Large Group Discussion – 10 minutes**

- ▶ Ask p's to think about their daily work at their clinic. Do men, women and/or couples who might need OBSI/FP counseling always seek them? What are some of the reasons why they do not seek services?
- ▶ Should family doctors/other providers initiate discussions with clients about OBSI/FP with the client who does not ask? Why or why not?
- ▶ What is the role of FD and/or nurse in these situations?
- ▶ Ask the group how do they feel asking about clients' OBSI/FP needs without their asking?
- ▶ How they can overcome any reactions if they occur?
- ▶ Thanks the Participants for their work and tell them that in the next session they will go for "WHEN" to "HOW" to integrate OBSI counseling into their counseling sessions.

### ***CONTENT***

#### ***Knowledge/Attitudes/Skills***

There are opportunities for health providers to integrate the concept of OBSI into their work. When should health providers offer counselling on the OBSI? Through focus groups in six countries, including România, mothers and health providers suggested the following as the best, most relevant moments to offer OBSI counselling.

#### **1. Prenatal Care**

During a prenatal-care visit, a woman is in a psychological condition that is appropriate for her to reflect on the overall well being of the baby she is carrying. She is likely to be open to information regarding how her child may grow up to be nutritionally and psychologically healthy. The benefits of OBSI can be described to the woman during this visit using these key points:

- She should wait at least two years after the birth of her last child before trying to become pregnant again.

- Her child will benefit most from her attention and love if she is not pregnant or taking care of another infant.
- Another pregnancy before her last child is at least two years of age can compromise the health of this child reducing the benefits gained from exclusive breastfeeding.
- A mother can best care for children at home if their births are spaced 3 to 5 years apart.
- Spacing for 3 to 5 years offers the baby potential benefits and nutritional stability because the mother is able to breastfeed the baby uninterrupted for 2 years.

This is an ideal time to ask a pregnant woman to have her husband accompany her to the prenatal visits. He will be able to hear first hand about the growth of the fetus and mother's progress, and be an active participant in the process during this stage of his wife's pregnancy.

## **2. Postpartum Care**

The postpartum return visit or well-baby checkup is a crucial time for OBSI counseling because the mother is eager to hear what is best for her newborn and herself. If the mother has other children at home, this is also an excellent moment to emphasize the benefits of OBSI, such as being able to give full attention to the crucial needs of the newborn and strengthen the family bonds.

- She should wait at least 2 years after the birth of her last child before trying to become pregnant again.
- By spacing births 3 to 5 years apart, the mother will have more time and energy to feed and be with the newborn.
- The mother will be stronger and in better nutritional condition to support another healthy pregnancy when she and her husband decide to have another baby.
- The mother does not have to deal with the demands of a new pregnancy while the last-born child is still in need of full attention.
- The mother is more likely to have time to enjoy her husband's company.

## **3. Baby Care Visit**

When mother and baby visit the doctor for illness management, immunization or growth and development control appointments it is a natural opportunity to discuss birth spacing since the provider can easily relate the child's positive or negative health to the mother's continued adherence or non-adherence to OBSI. The provider can describe the benefits of OBSI using these **key points**:

- Reinforce the health benefits the child is receiving by relating it directly to the time and care the mother is able to provide the baby.

- Indicate that waiting at least three years before a new birth will help the child's continued development since the mother will have time and energy that baby requires.
- Reinforce that the optimal birth spacing saves children's lives. If the birth are spaced to 3 to 5 years the next new born will have a decreased risk of dying after birth and in the next 5 years of life

#### **4. Family Planning Services**

Women enter a FP service to find out how to prevent an unwanted or delay pregnancy until a later date. This a unique and important moment to explain to her the potential benefits of a three to five year delay between births. Recent data show that demand for limiting is met more than the demand for birth spacing

**Key points** that can be used to integrate OBSI into FP discussions:

- Having children spaced three years apart can decrease/avoid the risk of having children born pre-maturely, weak, with low birth weight and size, etc.
- Practicing OBSI can prevent the mother from being at risk of death, bleeding in the third trimester, premature rupture of membranes or puerperal endometritis.
- When children are spaced 3 to 5 years apart the woman is able to devote the needed energy into time for herself and her relationship with the partner.

#### **5. Postabortion Care**

A woman can become pregnant again within a few weeks after an abortion. However, she may not be fully recuperated and should have the chance to discuss birth spacing and the advantages of doing so for herself as well as for her children. According to the latest research, a woman should wait at least 6 months after a miscarriage or abortion (spontaneous or induced) to become pregnant again.

Ovulation can occur as early as 11 days following treatment of incomplete abortion. All women receiving postabortion care need counseling and information to ensure and understand that they can become pregnant again **before** their next menses and what contraceptive methods are appropriate for their personal characteristics and clinical condition. All methods of contraception are appropriate for use after incomplete abortion as long as the health worker screens the woman for use of a method and gives adequate counseling. The health worker should use this opportunity to talk to the woman about the benefits of optimal birth spacing.

## **6. Other opportunities to inform patients about OBSI**

### **Youth programs**

These programs offer multiple opportunities to talk adolescents about reproductive health issues. OBSI can be discussed as one key factor to enhancing the health of a woman, the newborn, and the next to be born. Research from 19 countries showed a clear trend towards increasing rates of maternal morbidity and mortality as maternal age decreased. As compared to mothers age 20-24, the youngest mothers have:

- 4 times increased risk of maternal death
- 4,5 times increased risk for eclampsia
- 3,7 times increased risk for puerperal endometritis

In addition, infants of the youngest mothers have an increased risk for low birth weight, preterm delivery, small for gestational age and fetal death (Conde-Agudelo, 2002).

### **Newly-weds**

During marriage preparation courses, or similar activities, reproductive health issues are logical themes for discussion. OBSI fits in naturally in that context and amplifies the possibility that the new-weds delay first pregnancy, especially if she is under 18 years old. If this is not possible, then newly-weds should consider practicing the OBSI for their second pregnancy.

### **Community outreach/counselling**

Many NGOs and government programs that work in RH have systematic contacts with the women they work for. These occur at trainings, discussion group meetings, community gathering and working groups. All of these moments are opportunities to address the benefits of OBSI, how to deal with community norms regarding birth spacing and partner pressure to get pregnant too soon after the birth of previous children.

### **Initiate discussions with clients**

Men, women and/or couples who might need OBSI/FP services are not always seek them. Some of the reasons why they do not seek services are:

- They may not have enough thoughts much about their risk
- They may be embarrassed, or not know how, to bring up the topic of OBSI/FP
- There may be conflicts between some of their family's customs, traditions and/or beliefs and the individual's behaviour

The FD or other providers should ask clients of reproductive age about their family planning needs if there is a indication that they may need services but they are not using them because of the above reasons. By initiating discussions of OBSI/FP, the FD can help clients to think about their situations vis-a-vis preventing, spacing or limiting their pregnancies. Making clients aware of the provider's readiness to help them makes it easier for some people to talk with the provider about their needs.

**What is the role of the provider in these situations?**

- With clients of reproductive age who are not using contraception, ask questions about their reproductive intentions:
  - Whether they plan to have more children
  - What they wish to be the spacing between their pregnancies/children
  - The number of children they want to have
  - Whether they know or not know about the benefits of OBSI
  - Whether they are interested in using contraception to help them to plan the number and optimal space their children
- With clients of reproductive age who are not using effective methods of contraception, or are not using effective methods correctly, review with them:
  - Their reproductive health intentions
  - The risk of getting pregnant if not using correctly a method ore using a method less effective
  - The risks of short birth interval for the maternal and child health, and the risk of abortion

Some clinicians may feel reluctant initiating discussions of client's OBSI/FP needs, thinking that it would be an invasion of client's privacy, and that clients would be embarrassed or offended.

If this reactions occur, they can be overcame by clarifying with the client that the purpose is only to assist her/him to obtain services she/him may need and that the choice is her/his; and that the provider is available to help with information and/or services if she/him needs them.

## SESSION 5: HOW are the key steps of the OBSI counselling integrated into the FP counselling

### Goal:

Participants will gain an understanding of what are the new elements of OBSI counselling and how to integrate them into the FP counselling process

### Learning Objectives:

After completing the activities in this session, participants will be able to:

1. Identify the new elements of OBSI counselling and the steps of FP counselling process where OBSI is integrated
2. Describe the content of OBSI key counselling
3. Describe the support materials for OBSI counselling that they will use in their practice

**TIME:** 75 minutes

#### 🗂️ Resource Requirements:

- Markers
- Flip chart paper
- Overhead projector

🕒 **Time Required:** 1 hour 15 minutes

#### 📦 Work for Trainers to Do in Advance:

- Prepare *Participant Handout HO 5.1.: Identify the profile; HO 5.2. Steps of PF/OBSI counseling; HO 5.3.: OBSI algorithm; HO 5.4.: OBSI booklet; HO 5.5.: How to integrate OBSI in PF counseling;*
- Prepare; *T 5.1.: OBSI algorithm; Transparency T 5.2.: How to integrate OBSI in PF counseling*
- Prepare role play of counseling session with another trainer or Participants
- Prepare *Flipchart paper FCP 5.1.: The diagram of PF counseling steps (GATHER)*

## LEARNING ACTIVITIES SUMMARY



TITLE	TYPE	TIME
1. Integration of OBSI into FP counselling	Role play, Large group discussion	25'
2. Key steps of OBSI counselling	Group discussion	20'
3. Support materials for OBSI counselling	trainer presentation, Large group discussion	30'

## ACTIVITIES:

### 1. INTEGRATION OF OBSI INTO FP COUNSELLING – Large group discussion, Role play – 25 min

- ▶ Ask Participants to tell few words about their experience in providing FP counselling. Listen few responses.
- ▶ Ask if anyone remember what GATHER acronym means. Help participants to remember the 6 key steps in the FP counselling. Note the answers on a flipchart paper.
- ▶ Ask Participants to tell what is the content of each step. Explain briefly the content of each step.

- ▶ Before the session, the trainer should **prepare a role play of the counseling process** that uses the major steps and tasks **including OBSY key steps**. The trainer should play the part of the counselor and should ask another trainer or participant to volunteer as the client. **During the role play the counselor will use OBSI support materials** (OBSI algorithm, OBSI cue-cards and OBSI booklet).

(Examples of possible scenarios include:

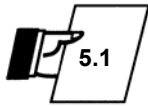
- **a married mother of 2 children, spaced less than 2 years apart who is considering family planning (use the scenario from the booklet, when Ana, supported by Lenuta, is going to her family doctor).**
- a married mother of one child seeking to delay her next pregnancy
- 
- ▶ Tell Participants they are going to observe a role play of the counseling process. Ask them to pay attention of what the family doctor is doing during the role play.

- ▶ After the role play, ask Participants for general reactions.

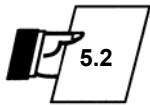
elements of OBSI counseling. Ask them to shortly describe what are the new elements and in what stage of FP counseling these elements were integrated. They should also note the support materials that the provider used during the role-play (cue-card and booklet).

### 2. KEY STEPS OF OBSI COUNSELLING – Large Group Discussion – 15 minutes

- Ask Participants to think about GATHER and to tell you what was happening in each step. What questions did the family doctor ask during the second step (ASK). Note their responses on a FCP. Explain that in this stage, it is very important to identify woman's profile and to assess her situation (use the trainer support material to give examples of different profiles and the specific counseling needs for each situation). Give Ps the *HO 5.1.: Identify the woman's profile.*

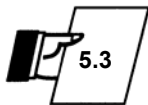


- Go to the third step (TELL) and ask what were the information provided by the family doctor and what support materials did the doctor use during this step (emphasize OBSI benefits and use of the counseling card).
- Go to the fourth step (HELP) and ask Ps what did the family doctor in order to help the woman (help her to decide when to have the next child, advise her to wait until the last born child will be at least 2 years old before get pregnant again, come back at the first menses to choose a contraceptive method, invite her to come with her husband, showed the booklet to the client).
- Give Ps Handout *HO 5.2. Steps of FP/OBS* and expose the FCP 5.1.: *The diagram of the elements of FP counseling.* Discuss briefly the new elements of OBSI counseling integrated into the diagram.



### 3. SUPPORT/AID MATERIALS FOR OBSI COUNSELLING – Trainer Presentation, Large group discussion – 30 minutes

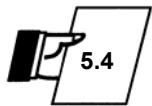
- Ask Ps to rethink what they saw happening in the role play in the step 2 (ASK). Did they notice that the family doctor used any support materials in order to identify the woman's profile? Tell that in order to make their work easier, they can use an algorithm for woman's profile.
- Give Participants *Handout 5.3.: OBSI algorithm*, and show the *Transparency 5.1.: OBSI algorithm*, and discuss it with Ps.



- Go through the algorithm, choosing the example from the role play (Ana's situation). Follow the algorithm and say that, according to different clients, they

can use the counseling card in order to emphasize the benefits or the risks, according to the client situation and needs. Tell Ps that they will have the opportunity to experience how to use the counseling card during the next session.

- ▶ Refer to the fourth step in FP counseling and ask Ps if helping the client to decide to practice OBSI is more difficult than helping the client to choose a method. Why yes or no? Underline that for couples, child-spacing decisions can be even more complex, being influenced by their individual situations and desires, and not just by the health benefits. The health providers have the responsibility to help couples to make their own spacing decision based on accurate information and a range of contraceptive options.
- ▶ Ask Ps what other support material the provider has used during the role-play. Give Ps the *Handout HO 5.4.: OBSI Booklet*. Allow Ps to study the booklet. Ask for reactions.



- ▶ Explain that the OBSI booklet will be used in order to facilitate the understanding of the OBSI messages, especially by the people with low level of education or illiterate. The booklet will not be distributed as other IEC materials, but only be used/processed by people involved in the promotion of OBSI messages (including the “champion women”).
- ▶ Ask Ps to imagine that they are with a client and they have the opportunity to present and discuss the booklet. Go with them through each page and ask them to tell what messages or information they can tell to the client. Finally, ask Ps opinion about how they think they can use the booklet for promoting OBSI. Show the OBSI poster and tell Ps that everyone will receive it at the end of this workshop.
- ▶ Summarize. Show the Transparency *T 5.2.: How to link OBSI with PF*, and give Participants Handout *HO 5.5.: How to link OBSI with FP*.



- ▶ Ask Ps opinion about the way they can apply these learning into their usually counseling sessions. Tell Ps that they will have the opportunity to experience how to use all the support materials they have received during the next session.

## **CONTENT OF THE SESSION**

### *Knowledge/Attitudes/Skills*

Effective counselling, which results in a well-informed decision and a contented client, can be achieved by following some basic steps in the counselling process. The steps can provide structure to a complex process yet should be adapted to meet each individual clients' needs. Reproductive health counselling is the most opportune time to communicate to women, men and couples the potential benefits of OBSI.

The following are **elements** of a successful counselling session (**GATHER**):

1. **Greetings/Introductions**
2. **Ask** to find out more/Getting information
3. **Tell** OBSI/family planning information
4. **Helping** in the decision-making process
5. **Explain** details on a selected method
6. **Return** for follow-up visit

### **Examples of Tasks Conducted Under Each Step**

#### ***Greetings/Introductions***

- Welcome and register client.
- Prepare chart/record.
- Give the client full attention, showing that you care for his/her well-being.
- Assure the client that all information discussed will be confidential.
- Talk in a private place if possible.

#### ***Ask to find out more/Getting information***

- Ask the client about her/his wishes.
- **Identify woman's profile:** write down the client's age, marital status, number of previous pregnancies and births, number of living children, whether pregnant at the present or not, desire to get pregnant or delay/avoid pregnancy, basic medical history, previous use of family planning methods, history and risk for STDs.
- **Assess the possible profile of the woman** in order to identify if she wants to delay, to space or to limit birth. Not all women who come into the service are the same or have the same situation. An adolescent girl who has been raped is not in the same situation as a woman who has two small children, is married or lives with a partner and does or does not want to have another

child within the next two years. Therefore, once the basic questions are cleared, the counselor should find out what is the client opinion on birth spacing (what is her preferred interval, why, how/did she succeed to practice it); find out in-depth what obstacles the woman may be facing that will impede her from practicing OBSI, if she so desires. It could be her religion, community norms, her relationship with the mother in law or the relationship to the partner; how much he supports her or does not support birth spacing, or how much the extended family plays a defining role regarding timing of pregnancies. It is important to find out her present state to determine how best to present optimal birth spacing.

- **Assess what the client knows about optimal birth spacing** and family planning methods.
- Provide encouragement to the client by Determine purpose of visit.
- praising her for the information she already knows and for coming to the center to seek out more information.
- Ask the client if there is a particular method s/he is interested in.
- Discuss any client concerns about risks vs. benefits of modern methods (dispel rumors and misconceptions).

#### ***Tell OBSI/FP information***

- **Tell the client about optimal birth spacing (benefits for mother, last born, new born, partner and family)** and the available contraceptive methods.
- Focus on methods that most interest the client, but briefly mention other available methods.
- Show/describe how each method works, the advantages and benefits and possible side effects and disadvantages.
- Answer client concerns and questions.

#### ***Helping in the decision-making process***

Couples and individuals need to make their own spacing decisions based on accurate information and a range of contraceptive options. Health care providers have a responsibility to help them. Regardless of how long couples choose to wait between births, providers need to respect and support their decisions.

- **Help the client to decide the optimal birth spacing interval and discuss ways to negotiate/discuss the issue with her partner/family**
- Help the client to choose a method.
- Repeat information if necessary.
- Explain any procedures or lab tests to be performed.
- Examine client.
- If there is any reason found on examination or while taking a more detailed history that there are precautions for the method, help the client choose another method.

#### ***Explain details on a selected method***

- Demonstrate/explain how to use the method (how, when, where).
- Explain to the client how and when s/he can/should get re-supplies of the method, if necessary.

- Provide confidence and encouragement again by complimenting the client on her decision and ability to practice a family planning method.

#### *Return for follow-up visit*

- At the follow-up or return visit ask the client if s/he is still using the method.
- If the answer is yes, ask her/him if s/he is experiencing any problems or side effects and answer her/his questions, solve any problems, if possible.
- If the answer is no, ask why s/he stopped using the method and counsel her/him to see if s/he would like to try another method or re-try the same method again.
- Make sure s/he is using the method correctly (ask her/him how s/he is using it).

### **Identify the woman's profile**

In order to provide appropriate OBSI and FP counseling, the health worker must first determine the personal characteristics and situation of the woman, including the following basic information:

#### **Age of woman**

- When/number of years married
- Number of living children and their ages
- Whether pregnant at the present time
- If not pregnant:
  - Age of youngest child
  - Desire to get pregnant or delay/avoid pregnancy
- If pregnant:
  - Interval since last birth

#### **Living situation of woman**

- Ability to communicate with spouse and express her needs, concerns and desires: does she feel able to express herself or does she practice self-censorship for fear that she will lose her husband's support?
- Type of support she receives from her spouse: assess the level of support she receives from her spouse and whether it is consistent. In other words, find out whether her husband maintains his position under pressure from his parents and society.
- Influence of mother-in law and extent of interference in couple's decision making.
- Does the woman live with her in-laws or does she live in an independent dwelling with her spouse?
- Explore her religious convictions: Are they compatible with FP?

The following table describes women with different characteristics, additional information to obtain, and recommended counseling for each situation.

<b>WOMAN'S CHARACTERISTICS</b>	<b>ADDITIONAL INFORMATION TO ASK ABOUT</b>	<b>RECOMMENDED COUNSELING</b>
<b>Woman less than 18 years of age recently married who wants to wait one or two years before becoming pregnant.</b>	<ul style="list-style-type: none"> <li>• Does she know how pregnancy occurs, fertile period, and regular menstruation?</li> <li>• Does she know about FP and FP methods by name and how they are used?</li> <li>• Is there family or community pressure for her to get pregnant quickly?</li> <li>• Explore her religious beliefs regarding FP; do they conflict with her desire for FP?</li> <li>• What is her husband's attitude towards FP?</li> <li>• What is her husband's attitude toward FP?</li> <li>• How would her in-laws and family react if she decides to use a method of FP?</li> </ul>	<ul style="list-style-type: none"> <li>• Explain fertility and conception process.</li> <li>• Explain that women less than 18 years of age are not ready for motherhood.</li> <li>• Reinforce advantages of delaying pregnancy and spacing births.</li> <li>• Discuss her options for contraceptive methods, depending on local availability and where her husband stands on these options.</li> <li>• Explain fully method chosen—possible effects, correct use and follow-up.</li> <li>• Discuss how to deal with spouse/family/ community pressure. If need be ask woman to invite her spouse &amp;/or mother-in law for discussion.</li> <li>• Explain that Islam does not ban FP. Islam encourages a woman to breastfeed her newborn for 2 years.</li> </ul>
<b>Woman has one child and wants to have another child before her last-born is 2 years of age. She knows the potential disadvantages of closely timed pregnancies, but does not want to wait the recommended 3-year birth interval.</b>	<ul style="list-style-type: none"> <li>• Find out compelling reasons for wanting to get pregnant: husband/mother-in-law/family pressure?</li> <li>• Does she know about FP and FP methods by name, and how they are used?</li> <li>• Determine how well she knows the potential risks for her and the baby of not practicing birth spacing.</li> <li>• Explore her religious</li> </ul>	<ul style="list-style-type: none"> <li>• Clarify her reasons for not practicing OBSI. Counsel on alternatives to deal with pressure from husband/family.</li> <li>• Explain fully the potential risks to her, the last-born, and the unborn child if OBSI is not practiced.</li> <li>• If, after counseling, she decides to wait until her child is 2 years of age before she becomes pregnant again, discuss her options for contraceptive methods, depending on local availability and where her husband</li> </ul>

WOMAN'S CHARACTERISTICS	ADDITIONAL INFORMATION TO ASK ABOUT	RECOMMENDED COUNSELING
	<p>beliefs regarding FP; do they conflict with her desire for FP?</p>	<p>stands on these options.</p> <ul style="list-style-type: none"> <li>• Explain fully the method chosen, possible effects, correct use and follow-up.</li> <li>• Explain that Islam does not ban FP. Islam encourages a woman to breast feed her newborn for 2 years.</li> </ul>
<p><b>Woman with two or more children and does not want to wait to become pregnant until the last child is at least 2 years of age.</b></p>	<ul style="list-style-type: none"> <li>• Find out where her husband stands on the issue.</li> <li>• Find out if there are other pressures, such as family or mother-in-law.</li> <li>• Find out what advantages she perceives in delaying next pregnancy.</li> <li>• Does she know the potential risks to her and her children if she has children less than 3 years apart?</li> <li>• Does she know about FP and FP methods by name, and how they are used?</li> </ul>	<ul style="list-style-type: none"> <li>• Present all potential benefits to her, the last-born, the husband, and the unborn child if she waits 2 years until next pregnancy.</li> <li>• Encourage and support her to discuss and decide which method she feels is best for her, considering where her husband stands on these issues.</li> <li>• Explain fully the method chosen—possible effects, correct use and follow-up.</li> <li>• If husband, mother-in-law pressures, ask woman to invite him/her to come in for discussion.</li> </ul>
<p><b>Woman/adolescent who is having a problem with the use of the contraceptive method. She is not pregnant, but is searching for an alternative method.</b></p>	<ul style="list-style-type: none"> <li>• Find out which method she was using and for how long.</li> <li>• Has she had any problems with the method?</li> <li>• Can she repeat the instructions that were given to her when she decided to use the method?</li> <li>• If she is having a problem with the FP method, discuss the nature of the problem.</li> </ul>	<ul style="list-style-type: none"> <li>• Correct errors in the usage; explain reasons why it did not work. Find out if she wants to continue using the method now that she has the correct information.</li> <li>• If she does not want to continue using the method, offer other available options, and inform on those best suited to use with partner.</li> <li>• Explain fully method chosen— possible effects, correct use and follow-up.</li> <li>• Explain potential advantages</li> </ul>



WOMAN'S CHARACTERISTICS	ADDITIONAL INFORMATION TO ASK ABOUT	RECOMMENDED COUNSELING
	<p>Discuss why it did not work, what was the outcome of pregnancy or was it an abortion.</p> <ul style="list-style-type: none"> <li>• Verify that the husband supports the woman in her use of the method.</li> </ul>	of OBSI.

## STEPS OF PF/OBSI COUNSELING

### 1. GREETING

### 2. ASK TO FIND OUT MORE INFO

- **Identify woman's profile:**
  - age/marital condition
  - number and age of children
  - whether pregnant at the present or not
  - desire to get pregnant or delay/avoid the pregnancy
- **Assessment of the situation:** find out what is the client opinion on birth spacing (what is her preferred interval, why, how/did she succeed to practice it); find out in-depth what obstacles the woman may be facing that will impede her from practicing OBSI, if she so desire. It could be the relationship to the partner; how much he supports her or does not support birth spacing, or how much the extended family plays a defining role regarding timing of pregnancies.

There are moments during counseling in which the counselor does not have sufficient time to find out the profile of the woman in relationship to her reproductive intentions. During these times the algorithm (OBSI COUNSELING ALGORITHM) may facilitate identification of her profile.

### 3. TELL OBSI/FP INFO

- Provide information about the benefits of birth spacing 3 to 5 years for the mother, for the last child born, for the next child, for the father and family.

- To express the potential advantages of OBSI, as well as the potential negative impacts if not practiced, use the OBSI Counseling cards and the OBSI BOOKLET.

#### 4. **HELPING IN DECISION-MAKING**

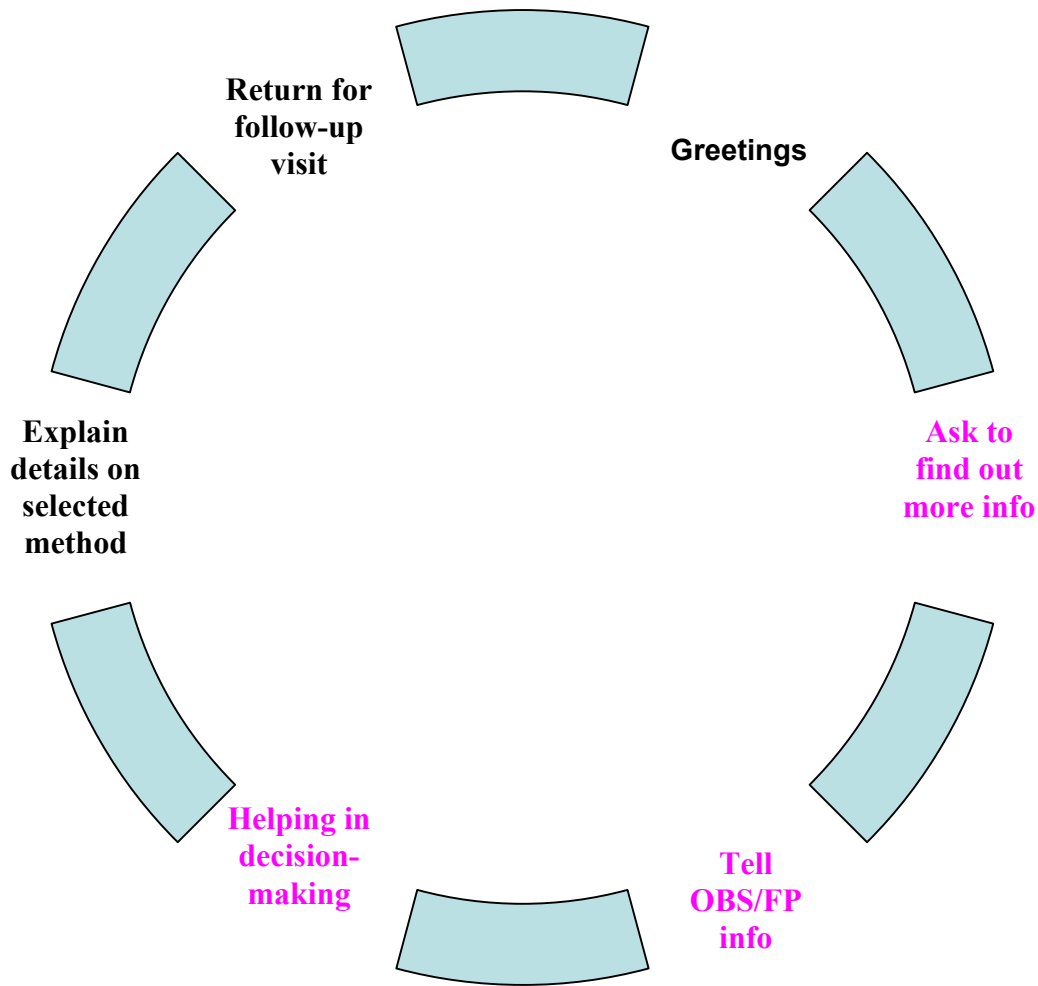
Help the client to decide the optimal birth spacing interval and discuss ways to negotiate/discuss the issue with her partner/family

Couples and individuals need to make their own spacing decisions based on accurate information and a range of contraceptive options. Health care providers have a responsibility to help them. Regardless of how long couples choose to wait between births, providers need to respect and support their decisions.

#### 5. **EXPLAIN DETAILS ON SELECTED METHOD/INFORMAȚI**

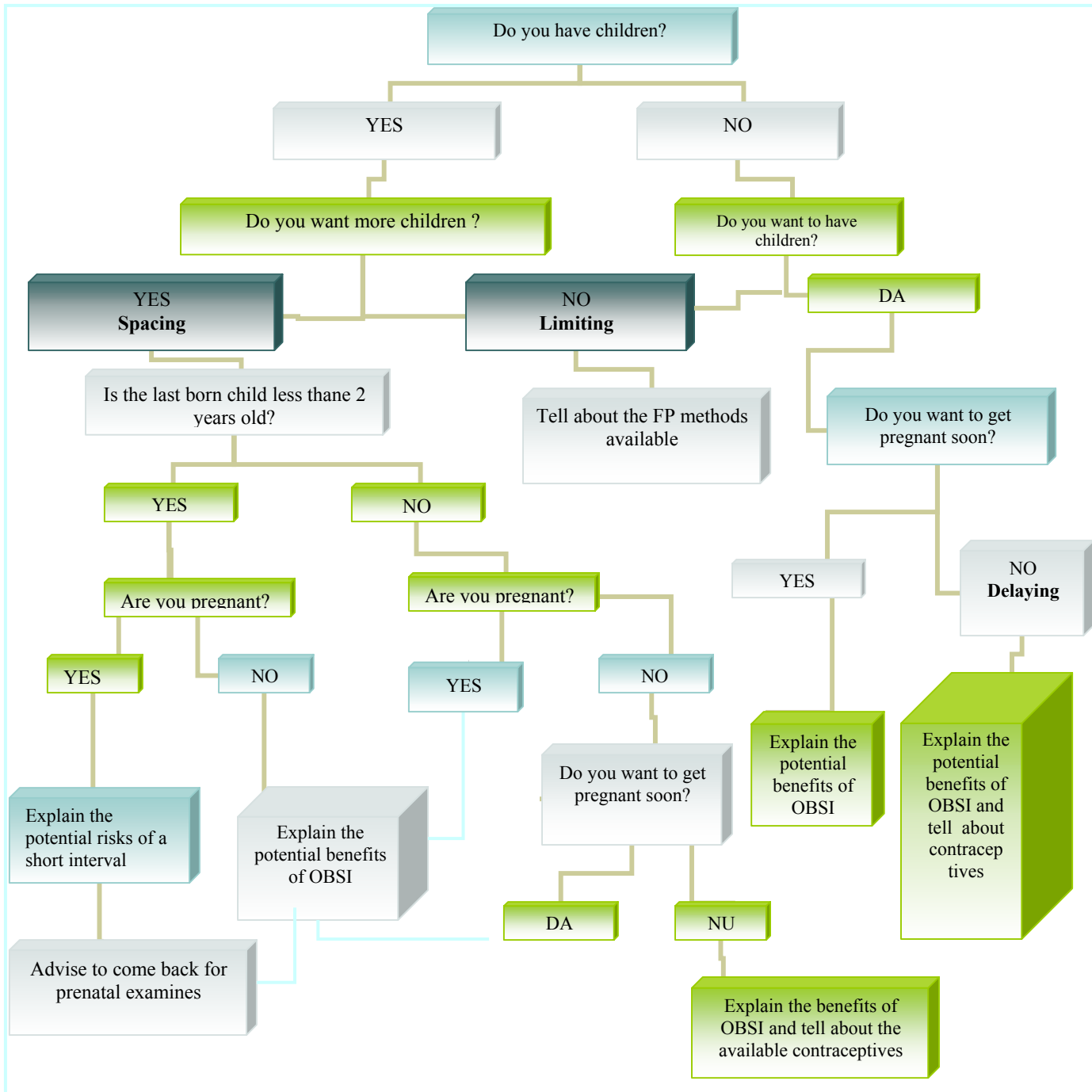
#### 6. **RETURN FOR FOLLOW-UP VISIT/A DOUA VIZITĂ**

**Elements of a FP/OBSI Counseling Session (GATHER)**



## HOW TO LINK OBSI TO FP

1. Use the OBSI algorithm to determine the woman's profile in regard to OBSI
2. Verify that the woman understands the benefits of practicing OBSI for herself and the baby. Make sure she recognizes the potential risks to her, her pregnancy or to the already born child if she will give birth before three or five years from the birth of the last child. Use cue-cards and booklet to reinforce the messages.
3. Help the woman to decide what is the optimal birth space interval for herself and her family and discuss ways to negotiate/discuss the issue with her partner/family.
4. Proceed to do FP counseling with the procedure normally used.
5. Remember that not all women are in the same place in their reproductive life cycle. Thus, the method selected should best respond to her personal situation and must be available at the facility or nearest pharmacy.



**OBSI ALGORITHM**

**The OBSY counselling has to be integrated into the FP counselling.** The demand for spacing is unmet vs. the demand for limiting.

The traditional emphasis of FP has been in getting women and couples to plan how many children they would like to have based on: 1) the reasons why they want to have children; 2) available resources for the child or children's rearing and education; and 3) the health of the mother and the economic needs of the growing family.

In this type of FP orientation, birth spacing is often not considered a critical issue. A couple might make the decision to have 2 or 3 children without worrying how far apart these children should be. The objective is to have the desired number of children as fast as possible so that the parents can dedicate themselves to the upbringing of their children and return to other efforts as quickly as possible. **The demand for spacing coupled with the data identifying the multiple potential benefits to the mother and unborn child, when OBSI is practiced, offers a clear indication of the new focus that must be done in FP counselling.**

Thus, satisfying the demand for spacing rather than concentrating on limiting will contribute to a potential reduction of maternal and neonatal morbidity and mortality rates.

### **Child spacing: a matter of choice**

For couples, child-spacing decisions can be even more complex than deciding when to start having children and when to end childbearing. Whether explicitly or implicitly, couples weight the benefits of spacing births longer against their social and economic disadvantages. Although, on a national level, longer birth spacing improves children's and mother's survival and health significantly, for many individuals, the disadvantages may outweigh the additional benefits of another year or two of spacing.

Longer birth intervals are healthier for mothers and their children, enable parents to devote more of their time to each child in the early years, give parents more time for activities other than child-rearing, and often ease pressure on family finances. These are not the only factors that couples consider in making decisions about child spacing, however.

Many couples consider how birth intervals affect the mother's employment. Other couples space their births based on whether or not childcare is available and affordable. In some countries, as women tend to marry at older ages, they may want to have children sooner rather than later. Just as some couples space their births based on their own needs or desires, others prefer to leave childbearing unplanned, to fate, or up to God, as some women say in survey.

Since couples' decisions about birth spacing are influenced by their individual situations and desires, and not just by the health benefits of longer intervals, new

messages that inform couples that 3- to 5-year birth intervals are optimal need to be sensitive to their preferences. In particular, couples should not be blamed for choosing shorter intervals or made to feel they are bad parents. However, they have to be aware about the risks that a short or longer birth intervals have on the mother's and child's health.

Couples and individuals need to make their own spacing decisions based on accurate information and a range of contraceptive options. Health care providers and programs have a responsibility to help them. Regardless of how long couples choose to wait between births, programs and providers need to respect and support their decisions.

## SESSION 6: Exercise OBSI counselling

### Goal:

Give Participants the opportunity to practice and demonstrate their counselling skills for responding to most common arguments for not practicing OBSI, speaking about OBSI with a variety of clients in the context of FP and other type of health care services using the OBSI support materials in a role play

### Learning Objectives:


After completing the activities in this session, participants will be able to:

1. Demonstrate how to respond effectively to most common arguments for not using OBSI
2. Demonstrate their ability to introduce the subject of OBSI to clients in the context of the delivery of health care services in a simulation/role play

**TIME:** 75 minutes

#### Resource Requirements:

- Markers
- Flip chart paper

 **Time Required:** 1 hour 10 minutes

#### Work for Trainers to Do in Advance:

- Prepare *Participant Handout HO 6.1.: How to respond to common arguments; HO 6.2: Role play scenario*

### LEARNING ACTIVITIES SUMMARY

TITLE	TYPE	TIME
1. Responding to arguments for not using OBSI	Brainstorm, Case study, Large Group discussion	30'
2. Practice OBSI counselling	Small group exercise - role play	35'
3. Summary	Large Group discussion	10'



## ACTIVITIES:

### 1. RESPONDING TO ARGUMENTS FOR NOT USING OBSI – Brainstorm, Small Group exercise – case study, min.

- ▶ Ask Participants to think at the community to whom they provide health care services. Are there couples who are not using birth spacing? Ask Ps to reflect on the most common arguments they've heard from women for not using OBSI. At this point no ideas is rejected or analyzed.
- ▶ Ask ideas and write on newsprint.
- ▶ Discuss and analyze with the group the information collected. Clarify if there are points unclear to the group.
- ▶ Ask the Ps to help you group the responses in categories by to whom these arguments are in regards to (children, husband, woman, family).
- ▶ Tell Ps that the newsprint will be used in the next step. Divide Ps in 3 small groups and ask them to write on a paper possible answers to respond to arguments listed for each category (children, husband, woman, family), selecting one category for each of the four groups.
- ▶ In large group ask one group to give the answers for a category. Ask for reactions from the other groups. Ask another group to give the responses for the next category and so one, until all the categories have been covered.
- ▶ Ask Ps how do they feel? Was it difficult to find responses? How do they think that it will be applying this to real situations?
- ▶ Tell Ps that they will have the opportunity during the next activity to apply all these in role play.
- ▶ Give Ps the *Handout HO 6.1.: How to respond to most common arguments*. Tell Ps that in this document the justifications are identified from focus groups held in Bolivia, Peru, India and Pakistan, but they are similar in many ways to those identified from focus groups in Constanta.



- ▶ Ask Ps how did they feel. It was difficult to find the responses? How will apply this in their daily work?

## **2. PRACTICE OBSI COUNSELLING – Small Group exercise – role play – 35 min**

- ▶ Tell that anyone will have the opportunity to apply what they have learned during 2 role plays.
- ▶ Explain that they will work in a small group of 4 persons, with 2 observers, one doctor and one client. After the first role play they will change their roles, the 2 observers will play the doctor and the client, and the other two members of the group will be the observers. They will have 6 minutes for each role play will and another 2-3 minutes after each role play to give feed-back.
- ▶ Form the 4 groups and ask each group to establish their roles. Give copies of the first role play scenario. Clarify if it is necessary. Give 1-2 minutes for reading the scenario. Monitor what is happening in each group. After the first role play, give copies of the second scenario and follow the same steps. At the end, thanks Ps and ask them to take their places in the large group.



## **3. SUMMARY – Large Group discussion – 10 min**

- ▶ Discuss in the large group about how they felt during the role play. It was a useful experience? Was it difficult? Has the provider succeeded to follow the steps of OBSI counseling? Did the provider identified the woman's profile? Did the client receive the information she needed it? Did the provider used any support materials for OBSI counseling?
- ▶ How they think they will apply this during their practice? It will be difficult? Why yes? Why not?
- ▶ Thanks Ps for their work and tell them that the workshop will end with the next session, when they will review what they have done, complete the post test and the workshop evaluation form.

## The Content of the session

### Common Reasons for Not Using OBSI and Possible Responses

COMMON REASONS FROM THE MOTHER	POSSIBLE ANSWERS TO THE MOTHER
<b>Regarding the woman</b>	
<ul style="list-style-type: none"><li>• It is best to have the children one after the other while she is young because she is strong enough to deal with them.</li><li>• If she waits too long, she will be too old to have another child.</li><li>• Her husband and/or mother-in-law are pressuring her to have a child.</li><li>• Islam does not condone the use of FP.</li></ul>	<ul style="list-style-type: none"><li>• Even young mothers can be stressed and feel weakened if the pregnancy is too soon or too many. With optimal birth spacing a woman can continue to be strong to bear children for a long time.</li><li>• All mothers, young and old, will need time to regain their energy and nutrition status after childbirth in order to be ready for a healthy next pregnancy.</li><li>• Additionally, with well-spaced children She can have more free time to pursue an income-producing activity, education, and more time for herself and for other family activities.</li><li>• Encourage a young mother to acknowledge her husband and mother-in-law's concerns. Impress upon her the importance of explaining to them the risks of frequent pregnancies on the health of the newborn and other children.</li><li>• Islam encourages a woman to breast feed her newborn for 2 full years.</li></ul>
<b>Regarding the Children</b>	
<ul style="list-style-type: none"><li>• It is best to have children one after the other so that they can have a companion close to their age with whom they can play.</li><li>• It is easier to raise two children close to each other because they can share clothes, toys, and mother's time. It also saves money.</li><li>• It is more convenient to complete the family fast and then go for permanent methods like surgical</li></ul>	<ul style="list-style-type: none"><li>• Not necessarily, they also fight more, scream more, and demand more attention from the mother.</li><li>• Mother can give the last-born child all the attention needed to grow healthy, to be well fed, and to be loved.</li><li>• If allowed to breastfeed, last born will get the nutritional and immune protection, and mother can avoid pregnancy for 6 months.</li><li>• If the mother is too exhausted from a new pregnancy the last-born child could be left unattended, consequently becoming malnourished, and get sick.</li></ul>

COMMON REASONS FROM THE MOTHER	POSSIBLE ANSWERS TO THE MOTHER
sterilization.	<ul style="list-style-type: none"> <li>• The last-born child will not have to compete with the newborn for the mother's attention.</li> <li>• It is more convenient for the whole family that the mother and the children be healthy than closely born. The permanent methods can come after the desired number of optimally spaced children is achieved.</li> </ul>
<b>Regarding the husband</b>	
<ul style="list-style-type: none"> <li>• The husband is interested in their marital relationship but is not interested in discussing birth spacing.</li> <li>• The husband feels that spacing births is the woman's responsibility and she should think about it by herself.</li> </ul>	<ul style="list-style-type: none"> <li>• She can be more engaged in her marital relationship with her husband if she is not pregnant soon or if can feel secure in the use of a reliable birth spacing method without having to worry about a pregnancy that they do not want at this time.</li> <li>• Birth spacing is the joint responsibility of the couple and there are multiple advantages to the husband if they can decide to space their children, e.g., economic (by nurturing one child at a time), social, (by being able to spend more time with his child) and emotional (both have the chance to enhance their intimacy).</li> </ul>
<b>Regarding family expectations</b>	
<ul style="list-style-type: none"> <li>• The family wants her to get pregnant as soon as she marries even if she is a very young bride so that she can give them a grandchild quickly, especially a male child, in those societies where the male son is imperative. Mothers-in-law as well as other family members may want another child from her within 1-2 years of the first child, especially if the first child is not a son.</li> <li>• The husband's virility is questioned in a macho culture if the wife is not pregnant soon, especially the first pregnancy.</li> <li>• The woman's fertility is brought into question if she is not able to become pregnant with the</li> </ul>	<ul style="list-style-type: none"> <li>• A young bride needs time to mature physically as well as psychologically so that she will be better prepared for her pregnancy and childbirth. Delaying her first child will help her nurture a healthy pregnancy so that she can give birth to a healthy child. This will also help to maintain the good health of the young bride for future childbearing.</li> <li>• Mothers-in-law, when informed, are more likely to recognize and accept that spacing is healthier for their grandchildren as well as their daughters-in-law. Also there is no guarantee that the next child will be a male child, but the chance of having a healthy child is greater if the next child is spaced at least three years later.</li> <li>• A strong man knows that good health of the family is important and he is willing to take a stand to ensure that his family continues to remain healthy. He realizes that he can</li> </ul>

COMMON REASONS FROM THE MOTHER	POSSIBLE ANSWERS TO THE MOTHER
expected frequency.	<p>plan when to have his children and will exercise that power for his own advantage.</p> <ul style="list-style-type: none"> <li>• It is more important to be a healthy good mother once, than a tired, worn out mother several times.</li> </ul>

## ROLE PLAY SCENARIOS

### Role play 1

A 21-year old woman recently aborted when she was three months pregnant. She has one child, a girl who is 1-year old. She has come to the health worker because she is feeling very weak but wants to get pregnant again. She has lots of family pressure from both her husband and mother-in-law to get pregnant again to give them a son.

### Role play 2

A 23-year old woman, has 2 children (2 girls of 3 years old and 1 year and 6 months old), pregnant (6 months). She came because she is not feeling well (she has pains, feels tired). She has 5 brothers and 2 sisters. She is living with her parents in law and she is in charge with the whole house holding.

## SESSION 7: EVALUATION

### Goal:

The participants will review the activities of the workshop, will evaluate if the objectives of the workshop have been accomplished, will complete the post test and the evaluation form of the workshop.

### Objectives:

After this session, participants will:

1. Review the objectives and the activities of the workshop
2. Complete the post test
3. Complete the evaluation form of the workshop

**TIMP:** 45 minutes

#### 🗨️ **Resources Requirment:**

- Flip chart
- Projector

🕒 **Timp reqiured:** 45 minutes

#### 📖 **Work for trainers to do in advance:**

- Prepare Handout : *HO 7.1: Post test; HO 7.2.: Evaluation form*
- Prepare the Transparency: *T 1.1: Objectives of the training*
- Prepare the *FCP: List of expectations*

## ACTIVIITIES SUMMARY

TITLE	TYP	TIMP
1. Summary of the activities	Large group discussion	10 min
2. Complete the post test	Individual work	20 min
3. Complete the evaluation form	Individual work	15 min

## ACTIVITIES:

### 1. SUMMARY OF THE ACTIVITIES – Large group discussion – 10 min

► Expose the Transparency *T 1.1: Training Objectives* and *the List of expectations* from the first session.



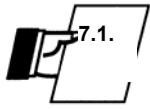
► Ask participants to express their opinion about the way the training objectives have been accomplished and if the training responded to their expectations. With their help, review briefly the sessions and the activities of the workshop.

► Ask them to tell how they will put in practice all this learning, what difficulties they could have and how can they overpass these difficulties.

### 2. COMPLETE THE POST TEST – Individual work – 20 minutes

► Explain to participants that one way to measure if the workshop objectives have been accomplished is comparing their knowledge at the beginning and at the end of the training, as they have been told at the beginning of this workshop. Each of them will receive a copy of the post test and they have 20 minutes to completed.

- ▶ Distribute the *HO 7.1.* and give them 20 minutes for completing.

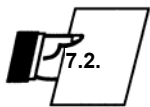


- ▶ Collect the post test and ask participants if they have difficulties. Clarify if necessary.

### **3. COMPLETE THE EVALUATION FORM – Individual work – 15 minutes**

- ▶ Tell participants that the trainers and the organizers are thanking them for their participation. Explain that, in order to improve the training, they are asked to express their opinion about the workshop, by completing an evaluation form.

- ▶ Give the *HO 7.2.: Evaluation Form*



- ▶ Thanks once again and wish them good luck in all they will do. .



## **OBSI TEST KEY**

For each correct answer give 1 point. Maximum points: 32

For the questions # 7, 8, 9 and 10 the correct answers will be checked using the OBSI counseling card.

1. Birth intervals is:

- a. the time between two consecutive births
- b. the time between the last birth and the moment when the woman get pregnant again

Correct answer: **a.**

2. The newest research show that the optimal birth spacing is:

- a. 1 year
- b. 2 years
- c. 3 years
- d. 4 years
- e. 3-5 years

Correct answer: **e.**

3. Between 2001-2003 Constanta County has registered bigger values than the medium Romanian values for the following demographic indicators:

- a. Infant Mortality
- b. Early Neonatal Mortality
- c. Neonatal Mortality
- d. Maternal Mortality
- e. Maternal Mortality due to abortion

Correct answer: **a, b, c, e.**

4. OBSI can reduce:

- a. Maternal Mortality
- b. Infant Mortality
- c. 1-5 years Mortality

Correct answer: **a, b, c.**

5. The potential risks of not practicing OBSI are:

- a. Premature birth
- b. Low birth weight
- c. Small for gestational age
- d. Stunting and underweight

**Correct answer: a, b, c, d.**

6. Some of the potential risks of not optimal birth spacing are:

- a. Premature rupture of membranes
- b. Abortion
- c. Third trimester bleeding
- d. Endometritis

**Correct answer: a, c, d.**

7. List 3 potential OBSI benefits for the mother:

8. List 3 potential OBSI benefits for the last born child:

9. List 3 potential OBSI benefits for the next child to be born:

10. List 3 potential OBSI benefits for the father/family:

11. In order to practice OBSI, women should be advised to wait to get pregnant again after the last birth at least:

- a. 1 an
- b. 2 ani
- c. 3 ani

**Correct answer: b.**

12. Name 3 messages fro promoting OBSI:

**Birth Interval** is the period of time between 2 consecutive births.

**The Optimal Birth Spacing Interval (OBSI)** is the ideal time period between births associated with the healthiest outcomes for newborns, infants, mothers, husbands and families. The best evidence to date suggests this interval is between 3 to 5 years after the birth of the last child

**OBSI brings benefits for the whole family :** the mother, the last born child, the next child, the father/family.

**OBSI saves children's lives.** If OBSI is practice, the infant is more likely to survive in each stage of development – the perinatal period, the early neonatal period, the neonatal period, from birth through 12 months and through age 5.

**OBSI give a chance to newborns and infants to be healthier.** They are less likely to be low in weight at delivery, to be preterm, to be small for gestational age and to suffer from malnutrition.

**OBSI saves mothers lives:** women practicing OBSI are less likely to die and to have complication related to the pregnancy: preterm delivery, third-trimester bleeding, premature rupture of membranes and infection (puerperal endometritis).

**Women should be advised to wait** at least 2 years after the birth of their last child before trying to get pregnant again

**Modern contraceptive methods** allow women and couples to practice OBSI efficiently and safely.

**Spacing births using abortions is dangerous for the women's health.**

Thank you!